



PTO/SB/92 (09-04)

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Application No. (if known): 10/780504

Attorney Docket No.: TBRX-P01-004

Certificate of Mailing under 37 CFR 1.8

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IDS (Citation) by Applicant (4 References) (1 page)

Information Disclosure Statement (2 pages)

Fee Transmittal (1 page) w/copy

Amendment Transmittal (1 page) w/copy

RCE (1 page) w/copy

Return Receipt Postcard Charge Account No. 18-1945 \$395.00

Amendment After Final with Request for RCE (5 pages)



PTO/SB/17 (12-04v2)
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FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/780504
		Filing Date	February 17, 2004
		First Named Inventor	Peter W. J. Jones
		Examiner Name	R. A. Smith
		Art Unit	2859
		Attorney Docket No.	TBRX-P01-004
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	395.00	

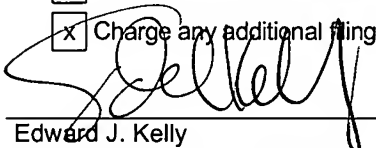
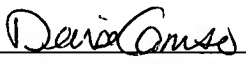
METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>18-1945</u> Deposit Account Name: <u>Ropes & Gray LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity	
						Fee (\$)	Fee (\$)
Fee Description							
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
_____ - 51 = _____		x _____	= _____		Fee (\$) Fee Paid (\$)		
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
_____ - 4 = _____		x _____	= _____				
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
_____ - 100 = _____		/50	_____ (round up to a whole number) x _____		= _____		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): 2801 Request for Examination						395.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	38,936
Name (Print/Type)	Edward J. Kelly	Telephone	(617) 951-7665
		Date	January 6, 2005

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Dated: <u>January 6, 2006</u>	Signature: <u>Denise Camerato</u> (Denise Camerato)



AMENDMENT TRANSMITTAL LETTER				Docket No. TBRX-P01-004	
Application No. 10/780504		Filing Date February 17, 2004		Examiner R. A. Smith	
				Art Unit 2859	
Applicant(s): Jones et al.					
Invention: SYSTEM AND METHOD FOR CONVEYING ENHANCED VISUALLY PERCEPTIBLE CUES TO AN OBSERVER					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	14	- 51 =		x	
Independent Claims	2	- 4 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): 2801 Request for Continued Examination					395.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. 18-1945 in the amount of \$ 395.00 . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 18-1945 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Edward J. Kelly Attorney Reg. No.: 38,936				Dated: January 6 2006	
ROPES & GRAY LLP One International Place Boston, Massachusetts 02110-2624 (617) 951-7532					
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Dated: January 6, 2006 Signature:  (Denise Camerato)					